

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68-048555

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

172

Primary Registration District No.

4273-5643

Registrar's No.

85

STATE FILE NUMBER

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY BROWN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREEDOM		c. CITY OR TOWN VERSAILLES	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 MI E ON INTERSTATE 70		d. STREET ADDRESS (If outside, give location) VERSAILLES	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ANNA MARTHA COATS			4. DATE OF DEATH Month Day Year DEC 11 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 6, 1901	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOMES		11. BIRTHPLACE (City and state or country) MURPHYSBURG, ILL.	
13a. FATHER'S NAME EDWIN NOLL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANKLIN COATS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. RAYMOND ARMSTRONG SOLIER, ILL.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ① Massive hemorrhage of Plead County K DUE TO (b) Peritoneal cavity ② Fracture of wrist (cubus) DUE TO (c) Fracture of humerus middle third ③ Large mass of tumor & abscess of leg arm & chest		INTERVAL BETWEEN ONSET AND DEATH	
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PART II. OTHER SIGNIFICANT DISEASE CONDITION GIVING RISE TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVING RISE TO DEATH Swiss Springs Hospital		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) Injured 30 m after snow on road at 11:30 p.m. on east bound car	
20c. TIME OF INJURY Hour a.m. p.m. 4:45 PM 12-11-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Interstate 70 1/2 mile east	20f. CITY, TOWN, OR LOCATION Concordia Lafayette Co MO	COUNTY MO	STATE MO
21. I attended the deceased from after death on 12-12-63 and last saw her never alive on never Death occurred at about 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE McMatterno Carrer	(Degree or title)	22b. ADDRESS Odermoo	22c. DATE SIGNED 12-12-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) VERSAILLES, ILLINOIS

24. FUNERAL DIRECTOR E. A. Janna	ADDRESS Concordia, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 12. 63	26. REGISTRAR'S SIGNATURE Lutie Jordan Jordan
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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JAN 30 1964

STATEMENT BY LICENSED EMBALMER

I, hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.